IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:) Chapter 11
W.R. GRACE & CO., <u>et al</u> .,	Case No. 01-1139 (JKF) Jointly Administered
Debtors.	Objection Date: April 11, 2012 at 4:00 p.m. Hearing: Schedule if Necessary (Negative Notice)
DAVID T. AUSTERN, ASBESTOS PI FOR COMPENSATION AND REIMBU	TH MONTHLY INTERIM APPLICATION OF FUTURE CLAIMANTS' REPRESENTATIVE URSEMENT OF EXPENSES FOR THE PERIOD HROUGH DECEMBER 30, 2011
Name of Applicant:	David T. Austern, Asbestos PI Future Claimants' Representative ("FCR")
Authorized to Provide Professional Services to:	As the FCR
Date of Retention:	May 25, 2004
Period for which compensation is sought:	December 1, 2011 – December 31, 2011
Amount of Compensation (100%) sought as actual, reasonable, and necessary:	\$750.00
80% of fees to be paid:	\$600.00 ¹

Amount of Expense Reimbursement sought

as actual, reasonable and necessary:

Total Fees @ 80% and

100% Expenses:

1 Pursuant to the Administrative Order, as Amended dated April 17, 2002, absent timely objections, the Debtors are authorized and directed to pay 80% of fees and 100% expenses.

\$600.00

0.00

This is an:	interim	X	monthly	final application.
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The total time expended for fee application preparation during this time period is 0.00 hours and the corresponding fees are \$0.00 and expenses are \$0.00. Such time spent on such tasks will be requested in subsequent monthly interim applications or have been performed by the FCR's bankruptcy counsel, Orrick, Herrington & Sutcliffe LLP.

COMPENSATION SUMMARY DECEMBER 2011

Name of Professional	Position of Applicant	Hourly Billing	Total Billed	Total
<u>Person</u>		Rate	Hours	Compensation
David T. Austern	Future Claimants' Representative	\$500.00	1.50	\$750.00
Grand Total:			1.50	\$750.00
Blended Rate: \$500.00				

Total Fees: \$750.00 **Total Hours:** 1.50 **Blended Rate:** \$750.00

COMPENSATION BY PROJECT CATEGORY

Project Category	Total Hours	Total Fees
Plan & Disclosure Statement	1.50	\$750.00
TOTAL	1.50	\$750.00

EXPENSE SUMMARY

Expense Category	<u>Total</u>
No Expenses	\$0.00
TOTAL	\$0.00

Respectfully submitted,

Dated: March 13, 2012 /S/ DAVID T. AUSTERN

> David T. Austern Claims Resolution Management Corporation 3110 Fairview Park Drive, Suite 200 Falls Church, VA 22042-0683

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